FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATION (See instructions)	
	(See instructions)	Office use only
NAME OF     COMMITTEE (in the second control of the second co	(Check if name Example: If typying, type over the lines	12FE4M5
ALTICOR POL	ITICAL ACTION COMMITTEE ALTIPAC	
ADDRESS (number and s	7575 E FULTON ROAD	
(Check if address is changed)	Attn: Scott Smoes 56-3S	
	ADA	MI
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	scott_smoes@alticor.com	
(Check if address is changed)		
2. DATE 0.3		
3. FEC IDENTIFICA	TION NUMBER C C00034884	
4. IS THIS STATEM	ENT X NEW (N) OR AMENDED (A)	
I certify that I have examine Type or Print Name of	ned this Statement and to the best of my knowledge and belief it is true, correct an  Treasurer Scott E Smoes	nd complete
7,750 0. 7 1		
Signature of Treasurer	Electronically Filed by Scott E Smoes	Date 0 3 7 0 3 1 7 2 0 0 9
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED \	
Office Use Only	For further information of Federal Election Commiss Toll Free 800-424-9530	